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To Study Indication of Ileostomy/Colostomy at Medical College, Hospital Bikaner Rajasthan

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Abstract
Introduction: *A Ileostomy/Colostomy is a lifesaving surgery that enables a person to enjoy a full range of activities, including traveling, sports, family life and work, even though they have a stoma and may wear a pouching system.*
Material and Method: *prospective & retrospective hospital based study. From August 2015 to July 2016. 50 patients reporting to the General Surgery dept. within study duration and eligible as per inclusion criteria will be included in the study.*
Results: *In present study, Mean age 48.16 years. The main cause for stoma were cancer 54%, Perforation (any medical cause) 28% and Emergency Diversion 18%.*
Conclusion: *The main indication for ileostomy/colostomy were cancer, Perforation (any medical cause) and Emergency Diversion (traumatic and other).*
Keywords: *Colostomy, Ileostomy, Indications.*

Introduction

Stoma is a Greek word for mouth or opening[1]. An intestinal stoma is an opening of the intestinal tract into the abdominal wall. An ileostomy is an opening in the belly (abdominal wall) that's made during surgery. The end of the ileum (the lowest part of the small intestine) is brought through this opening to form a stoma, usually on the lower right side of the abdomen. Ileostomies were first described by the German surgeon Baum in 1879 and later by the Bohemian surgeon Maydl in 1883[2]. In 1952, Brooke published his experiences with ileostomy construction and introduced a new method for suturing the mucosa to the skin[3]. Unlike the first colostomies, the first ileostomies were end stomas. Turnbull and Weakley were the first surgeons to describe the loop ileostomy (in 1971)[4].

Major indications for ileostomy include extensive bowel injury, which precludes primary anastomosis like longstanding peritonitis, intestinal obstruction, radiation enteritis, ischemia, inflammatory bowel diseases, tubercular and enteric colitis in the developing world and rectal causes.[5] In trauma settings shock, marked blood loss, significant faecal contamination associated injuries, late presentation and multiple injuries are important factors favoring stoma formation than primary repair. Generally the terminal ileum is used to form an ileostomy, and can be temporary

or permanent, an end or a loop stoma[6]. Colostomy is performed in scenarios of large bowel obstruction secondary to benign or malignant cause, perforation with peritonitis, rectovaginal fistulas and perianal sepsis..[7]

Material & Methods

Study design: prospective & retrospective hospital based study.

Study duration: 12 months (August 2015 to July 2016).

Study place: Dept. of General Surgery, S.P. Medical College and P.B.M Hospital, Bikaner

Study population: A patients in which ileostomy/ colostomy closure done was selected for this study.

Sample size: 50 patients reporting to the General Surgery dept. within study duration and eligible as per inclusion criteria were included in the study.

Sampling Method: Convenience sampling

Inclusion Criteria

1) All patients with previous ileostomy/ colostomy closure during emergency/ elective surgery.

Exclusion Criteria

1) Patients whose data could not obtained from file
2) Stoma which is made for anorectal malformation in children
3) IBS(Inflammatory bowel syndrome)
4) Patients refusing for investigations or not interested for study

Data Collection

The data was collected from patients hospital folder, medical, anaesthetic and nursing record.

Results

Table-1: Distribution of cases according to Age (N=50 cases)

Mean Age (years)	48.16
S.D	14.51
Range	20-75

In present study, Mean age 48.16 years

Table-2: Distribution of cases according to Sex (N=50 cases)

Sex	No.	Percentage
Male	27	54%
Female	23	46%
Total	50	100%

Table-2 shows that male patients (54%) contributed to larger proportion of our study population as compared to females (46%)

Table-3: Distribution of cases according to BMI (N=50 cases)

Mean BMI	26.28
S.D	2.63
Range	20.6 to 32

In present study, Mean BMI 26.28 years , range of BMI 20.6 to 32.

Table no.4: Indications for loop or end ileostomy /colostomy(N=50)

Indication	No. of Cases	Percentage
Cancer	27	54%
Perforation (any medical cause)	14	28%
Emergency Diversion (traumatic and others)	09	18%

Table no.4. show indications for stoma. The main cause for stoma were cancer 54%, Perforation (any medical cause) 28% and Emergency Diversion 18%.

Discussion

Stoma or ostomy is a surgical exteriorization of a segment of gut through abdominal wall for the temporary or permanent diversion of fecal stream after resection of a diseased portion of the gut.[8] Ileostomy and colostomy are commonly performed intestinal stomas in general surgical practice[9]. Stoma formation is safe and life saving surgical procedure in certain situations like for example in emergency surgery.[10]

Common indication for ileostomy formation was cancer followed by any medical cause which is in accordance with different studies literature[11] show colorectal carcinoma as a common cause for

ileostomy formation .But in contrast to this another study [9,12].

Conclusion

The main indication for ileostomy/colostomy were cancer 54%, Perforation (any medical cause) 28% and Emergency Diversion (traumatic and other) 18%.

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